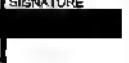
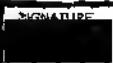


TACTICAL RESPONSE REPORT/Chicago Police Department																																																																																																																																																																														
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION <input type="checkbox"/> DNA REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	1. DATE OF INCIDENT 16-JUL-2016		2. TIME 20:58:00		3. ADDRESS OF OCCURRENCE 4667 W WASHINGTON BLVD CHICAGO, IL 60611		4. LOCATION CODE 144		5. BEAT/OCUR 1113		6. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT/VIDEO																																																																																																																																																																			
	7. POSITION 9161	8. CAST NAME SCOTT	9. FIRST NAME LESTER T	10. STAR NO. 19508	11. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	12. RACE CODE BLK	13. AGE 600	14. HT. 260																																																																																																																																																																						
	14. DATE OF APPT 18-DEC-2000	15. EMPLOYEE NO. 393	16. UNIT & EAT OF ASSIGNMENT 6572B	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																																																																								
	20. LAST NAME WHITE	21. FIRST NAME JESSIE	22. M.I. M	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. O.O.B. 19-DEC-1986	26. HT. 507	27. WT. 160																																																																																																																																																																						
	28. ADDRESS 716 ANNIE GLIDDEN ROAD, Apt 103 DEKALB, IL 60115	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. FIREARM - SEMI-AUTOMATIC	32. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																																								
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL																																																																																																																																																																									
	34. BY WHOM? KAMINSKY				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CB NO. 19343402	37. IR NO. IRNO.	38. DNA																																																																																																																																																																						
	<table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAULTANT: ASSAULT</th> <th colspan="2">ASSAULTANT: BATTERY</th> <th colspan="2">ASSAULTANT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td colspan="2">DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td colspan="2">FLED <input type="checkbox"/></td> <td colspan="2">IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td colspan="2">ATTACK WITH WEAPON <input checked="" type="checkbox"/></td> <td colspan="2">USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td colspan="2">STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td colspan="2">PULLED AWAY <input type="checkbox"/></td> <td colspan="2">OTHER _____</td> <td colspan="2">ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td colspan="2">WEAPON <input type="checkbox"/></td> </tr> <tr> <td colspan="2">OTHER _____</td> 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40. OCC/ CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																																																																				
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																																																																																																																																								
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial		44. WEATHER CONDITIONS CLEAR																																																																																																																																																																								
45. MAKE/ MANUFACTURER GLOCK, INC.-40-		46. MODEL 22		47. BARREL LENGTH 4.0		48. CALIBER/GAUGE 9 MM																																																																																																																																																																								
49. TASER DART ID NO. MVA517		50. WEAPON SERIAL NO. (Include Letters) 13729479		51. CHICAGO GUN REG. NO. R0101835		52. IL FIREARM OWNER ID. NO. 14193013		53. HANQUN CERTIFICATE NO.																																																																																																																																																																						
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 2																																																																																																																																																																						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANQUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		63. OTHER (Specify)																																																																																																																																																																						
63. HOW WAS MEMBER'S HANQUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																																																																																																																																																																								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE										67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 6 FT. <input checked="" type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																																																																																																																				
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION										69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																																																																																																				
70. ADDITIONAL INFORMATION HANDGUN										71. DATE/ TIME OF REPORT 1619815107 HZ351970																																																																																																																																																																				

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
	40 ADDITIONAL INFORMATION HANDGUN		
SIGNATURES	7a. REPORTING MEMBER (Print Name) SCOTT, LESTER T 17-JUL-2016 02:58:44	STAR/EMPLOYEE NO. 19508	SIGNATURE 
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	7b. REVIEWING SUPERVISOR (Print Name) SANCHEZ, JAMES R	STAR NO. 208	SIGNATURE 
			DATE REVIEWED TIME 17-JUL-2016 03:01:03

Additional discharged weapons:

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

74. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

R/Deputy unable to interview, Subject/Offender in surgery.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based upon the facts available at this time, it is the preliminary determination of the undersigned that P.O. Scott, Lester #19508 acted in compliance with department policy. P.O. Scott fired his weapon in fear of his life after the Offender White, Jessie IR#1311823 pointed a weapon in officer Scott's direction, thus placing him in fear of his life.

Log# 1081463 U#16-011

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN GS-9-208.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1081463 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
- NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

ALEXANDER, DANA

80.

TRR

DE

TRRS)

81. TOTAL TRR'S THIS EVENT NO.

1

SIGNATURE
PCBG089

DATE COMPLETED TIME
17-JUL-2016 03:22:39

LOG# 1081463

Attachment 1